



2022 Access Plans

Benefits you are most likely to need

	ACCESS PROTECTOR™		ACCESS CLARITY™		ACCESS SAFEGUARD™		ACCESS SECURE™	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CHILD PRIMARY CARE / TELEHEALTH	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible
PRIMARY CARE / TELEHEALTH	40% after deductible		\$40		\$40 for the first 10 visits		\$20 for the first 10 visits	
SPECIALIST / TELEHEALTH			\$60		\$60		\$60	
URGENT CARE / TELEHEALTH			\$40		\$40		\$40	
TELEHEALTH SERVICES: MDLIVE			N/A		\$10		N/A	
PREFERRED GENERIC Rx	\$10	\$10	\$10	\$10				
NON-PREFERRED GENERIC Rx	\$25	\$25	\$25	\$25				
IMMUNIZATIONS	\$0	\$0	\$0	\$0				
PREVENTIVE CARE / TELEHEALTH	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible	\$0	60% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE / TELEHEALTH VIRTUAL CARE SERVICES (Copay is for outpatient psychotherapy services)	\$0 for first 6 visits then 40% after deductible		\$0 for the first 6 visits then \$40 per visit \$0 for Pediatric, under 18 years old		\$0 for first 6 visits then 30% after deductible		\$0 for first 6 visits then 20% after deductible	
SLEEP STUDY SERVICES	\$250 copay then 40% after deductible	\$250 copay then 60% after deductible	\$180 In Home \$760 Attended	60% after deductible	\$250 copay then 30% after deductible	\$250 copay then 60% after deductible	\$250 copay then 20% after deductible	\$250 copay then 60% after deductible
ALLERGY SERVICES	40% after deductible	60% after deductible	\$0 Injections \$180 Testing \$390 Serum	60% after deductible	30% after deductible	60% after deductible	20% after deductible	60% after deductible
PREVENTIVE DENTAL CARE	No deductible \$20 copay	\$50 deductible 50% coinsurance	No deductible \$20 copay	\$50 deductible 50% coinsurance	No deductible \$20 copay	\$50 deductible 50% coinsurance	No deductible \$20 copay	\$50 deductible 50% coinsurance
VISION	\$100 Allowance		\$100 Allowance		\$100 Allowance		\$100 Allowance	

Benefits for the unexpected

EMERGENCY ROOM	\$350 copay after deductible		\$350 copay after deductible		\$350 copay after deductible		\$350 copay after deductible	
IMAGING (MRIs, MRAs and CT Scans)	\$500 copay then 40% after deductible	\$500 copay then 60% after deductible	\$500 copay then 30% after deductible	\$500 copay then 60% after deductible	\$500 copay then 30% after deductible	\$500 copay then 60% after deductible	\$500 copay then 20% after deductible	\$500 copay then 60% after deductible
DIAGNOSTIC LAB WORK AND X-RAYS	40% after deductible	60% after deductible	\$40	60% after deductible	30% after deductible	60% after deductible	20% after deductible	60% after deductible
SURGERY (Doctor charges, anesthesia and other covered charges)			30% after deductible					
PREGNANCY CARE (Pre/postnatal care and delivery)	40% after maternity deductible	60% after maternity deductible	\$8,599	\$20,000	40% after maternity deductible	60% after maternity deductible	40% after maternity deductible	60% after maternity deductible
CHIROPRACTIC CARE	40% after deductible	60% after deductible	\$40	60% after deductible	30% after deductible	60% after deductible	20% after deductible	60% after deductible
	18 visit maximum		18 visit maximum		18 visit maximum		18 visit maximum	

How much you'll pay each year for the care you receive

MEDICAL DEDUCTIBLE	\$10,000 (Individual) \$20,000 (Family)	\$20,000 (Individual) \$40,000 (Family)	\$5,000 (Individual) \$10,000 (Family)	\$10,000 (Individual) \$20,000 (Family)	\$5,000 (Individual) \$10,000 (Family)	\$10,000 (Individual) \$20,000 (Family)	\$2,500 (Individual) \$5,000 (Family)	\$5,000 (Individual) \$10,000 (Family)
MATERNITY DEDUCTIBLE	Integrated Medical and maternity deductible		N/A	N/A	\$7,500	\$20,000	\$5,000	\$20,000
MEDICAL COINSURANCE	40%	60%	30%	60%	30%	60%	20%	60%
PLAN YEAR LIMIT	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	
MEDICAL OUT-OF-POCKET MAXIMUM	\$25,000 (Individual) \$50,000 (Family)	\$55,000 (Individual) \$160,000 (Family)	\$20,000 (Individual) \$40,000 (Family)	\$60,000 (Individual) \$160,000 (Family)	\$20,000 (Individual) \$40,000 (Family)	\$60,000 (Individual) \$160,000 (Family)	\$15,000 (Individual) \$30,000 (Family)	\$65,000 (Individual) \$160,000 (Family)

In case you need brand name or specialty prescriptions

PRESCRIPTION DEDUCTIBLE	\$5,000 (Individual) \$10,000 (Family)	\$2,000 (Individual) \$4,000 (Family)	\$2,000 (Individual) \$4,000 (Family)	\$2,000 (Individual) \$4,000 (Family)
PREFERRED BRAND NAME PRESCRIPTIONS	20% after Rx deductible		20% after Rx deductible	
NON-PREFERRED BRAND NAME PRESCRIPTIONS	30% after Rx deductible			
PREFERRED SPECIALTY PRESCRIPTIONS	40% after Rx deductible			
NON-PREFERRED SPECIALTY PRESCRIPTIONS	50% after Rx deductible			

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Find the right plan for you by following the path and asking relevant questions.



If you find a plan you like, but think you can't afford it, don't turn around. Access has premiums up to 40% lower than ACA and the protection of maintaining health insurance.

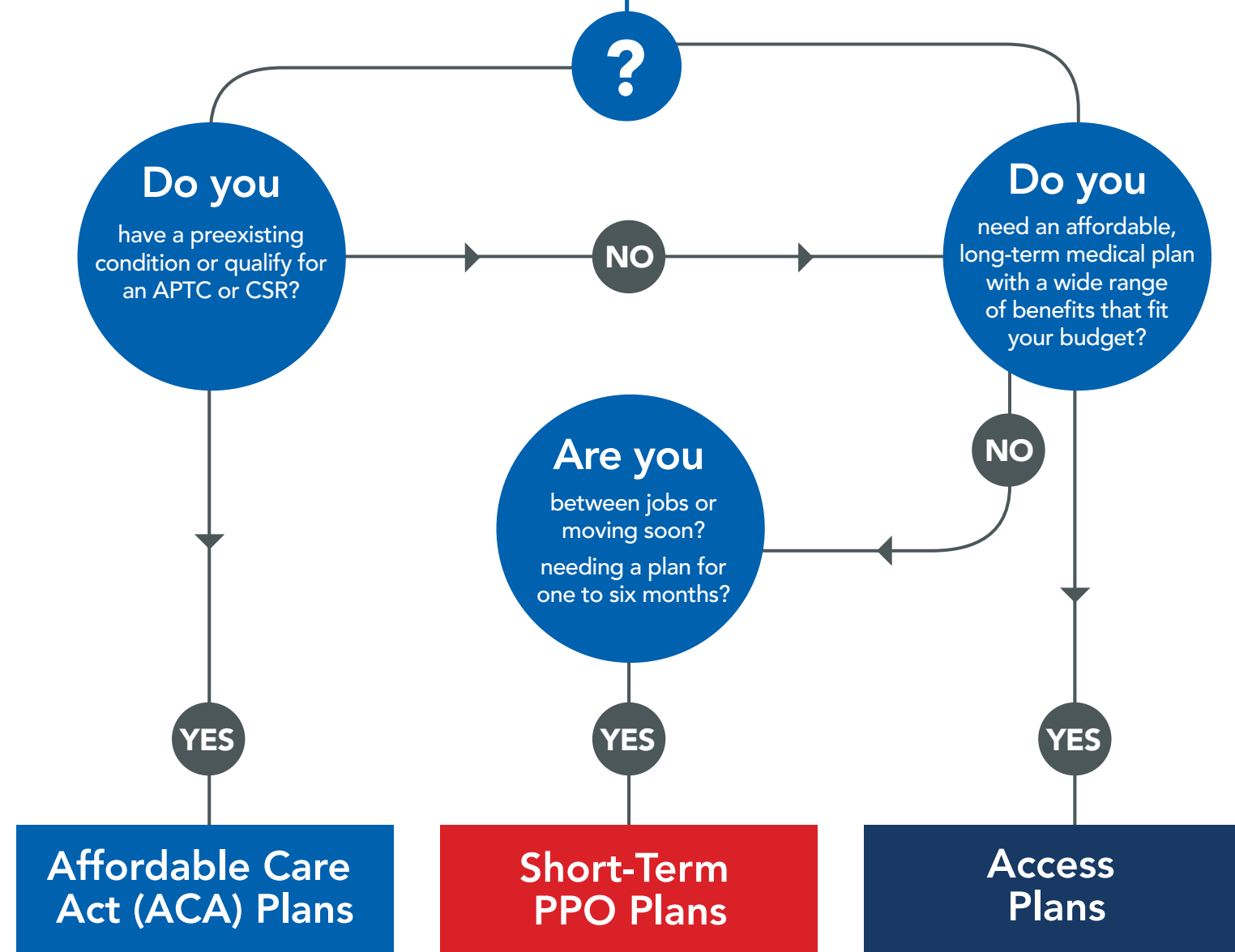
Generally, a higher deductible and higher out-of-pocket costs equal a lower premium.

A higher monthly premium means a lower deductible and lower out-of-pocket costs.

Access plans include our statewide preferred provider network (PPO). It includes 96% of healthcare providers and 100% of acute hospitals in Idaho.

Choosing the right plan for you and your family

START



Affordable Care Act (ACA) Plans

Short-Term PPO Plans

Access Plans

Enrollment

- ACA: Open enrollment is Nov. 1 – Dec. 22, 2021. You can enroll outside of open enrollment with a qualifying life event.
- ACCESS: Available year-round and is renewable for up to 36 months.
- SHORT-TERM PPO: Available year-round for a limited period of one to six months. To qualify, you must have a break in coverage of at least 63 days if you had prior coverage

Preexisting Conditions

- ACA: Covers preexisting conditions.
- ACCESS: Covers preexisting conditions. May include a waiting period up to 12 months for any preexisting conditions for treatment or services that were recommended or received six months before enrollment.
- SHORT-TERM PPO: Does not cover preexisting conditions for treatment or services that were recommended or received before enrollment (includes pregnancy).

Cost

- ACA: Cost-sharing reductions (CSR) and the advance premium tax credit (APTC) reduce medical costs for those who qualify. Visit yourhealthidaho.org to learn more.
- ACCESS: Premium rates could be up to 40% less than ACA*.
- SHORT-TERM PPO: Low monthly premium rates for limited healthcare coverage.

*Based on comparison of 2021 Blue Cross of Idaho ACA and Access plans.

For more information, review each of the plan guides posted on bcidaho.com